



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4015

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 10/781,724 | FILING OR 371(c) DATE 02/20/2004 RULE | CLASS 435 | GROUP ART UNIT 1652 | ATTORNEY DOCKET NO. 27627 |
|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS

Jonathan Gressel, Rehovot, ISRAEL;
 Yoram Eyal, Shimshon, ISRAEL;
 Robert Fluhr, Rehovot, ISRAEL;

**** CONTINUING DATA *******

This application is a DIV of 09/889,738 07/20/2001 PAT 6,734,343 which is a 371 of PCT/IL00/00038 01/20/2000

**** FOREIGN APPLICATIONS *******

ISRAEL 128193 01/22/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

04/19/2004

**** SMALL ENTITY ****

| | | | | |
|---|--|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY ISRAEL | SHEETS DRAWING 2 | TOTAL CLAIMS 10 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature <i>[Signature]</i> | Initials <i>[Initials]</i> | | |

ADDRESS

Martin D. Moynihan
 PRTSI, Inc.
 P. O. Box 16446
 Arlington, VA22215

TITLE

Rhamnosyl-transferase gene and uses thereof

| | | |
|---------------------------------------|---|---|
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |